**Retail Food Establishment Inspection Report**

<table>
<tr><td>Floyd County Health Department<br>Telephone:812-948-4726<br>X662</td></tr>
</table>

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishment Name | | |
|---|---|---|
| Subway | | |

**Telephone Number:** 812-945-9874   502-296-5390

**Date of Inspection (mm/dd/yr):** 7/12/19

**PERMIT #:** 19-297

**Establishment Address (number and street, city, state, zip code):** 3014 Charlestown Crossing Way New Albany, IN 47150

**Owner:** Edward Domek

**Purpose:**
1. Routine *(circled)*
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list)

**Follow-up:** NO

**Release Date:** Today

**Owner's Address:**

**Summary of Violations:**
C 1   NC 3   R 2

**Person in Charge:** Sherri Seeber

**Responsible Person's E-mail:**

**Menu Type (See back of page):**
1 ___ 2 X 3 ___ 4 ___ 5 ___

**Certified Food Manager:** Edward Domek (11/15/2022)

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section# | C/NC | R | Narrative | To Be Corrected By |
|---|---|---|---|---|
| 443 | C | R | Measured sanitizer at a level of 400+ ppm. | Today |
| 297 | NC | R | Observed hard water and black build up on the self service ice chute. | Today |
| | | | Observed rust and hard water build up on tea bulb in dining area. | |
| 256 | NC | | Observed no thermometer in cooler under oven. | 1 Week |
| 346 | NC | | Observed no handsoap at handsink in BOH. | Today. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Received by (name and title printed):** Sherry Seewer  Manager

**Received by (signature):** Sherry Seewer

**Inspected by (name and title printed):** Tyler Smith, EHS   A.J. Ingram (EHS)

**Inspected by (signature):** Tyler Smith

cc:   cc:   cc: